

Blanket Purchase Order Number 139872

Types: CA - County Administrator Executes BCC - Board of Commissioner Executes

NOTE: Please review all instructions on the back of this worksheet before you begin processing.

1. Department Ship To: HHS 2. Date: 4/24/13

3. Department Bill To: HHS 4. Administrator/Ext: Linden Chin/ 3657

5. Type of Contract: ☐ (I) Intergovernmental Agreement ☐ (G) Purchase of Goods ☐ (C) Construction
☐ (P) Personal/Professional Services ☐ (L) Lease Agreement ☐ (T) Trade Services
☒ (A) Amendment/Change Order (list original contract number: BCC 07-0799)
☐ (O) Other MO13-153 6-18-13

6. Minute Order Number 5-21-13 Bid/RFP # _____ NIGP Category # _____

7. Description of Contract: extends contract term and adds funding for jail health services

8. Contractor, Lessor, Supplier Name: Corizon Health, Inc. WISARD Supplier# 10637

9. ☐ MBE ☐ WBE ☐ DBE ☐ ESB (as certified by State of Oregon-Office of Minority, Women & Emerging Small Business)

10. Effective Date: upon execution 11. Termination Date 6/30/15

12. Original Contract Amount:	<u>\$20,700,000</u>	16. <input type="checkbox"/> Retainage:	\$ _____
13. Total of Previous Amendments:	<u>\$2,878,759</u>	17. <input checked="" type="checkbox"/> Expenditure	\$ _____
14. This Amendment:	<u>\$7,792,738</u>	<input type="checkbox"/> Revenue	\$ _____
15. Total Amount of Contract:	<u>\$31,371,497</u>	18. Chargeable Program #:	_____

19. Source of Funds: general funds 20. Payment Terms (monthly installments, progress payments, etc.): monthly

21. Remarks: current insurance on file

Check Off List for Attachments in Order of Appearance:

- ☐ 2 copies of the Board agenda item and minute order number for this agreement (if one is applicable.)
- ☐ 2 copies of Insurance Certificates naming the County as additional insured, or include Attachment C with each contract.
- ☐ A minimum of three (3) copies of the contract, all with original contractor's signature(s).
- ☐ 2 copies of either the quote sheet OR justification selection memo
- ☐ One copy of the Invitation to Bid document OR RFP document.
- ☐ One copy of the contractor's Proposal (RFP) or contractor's Response (Bid.)
- ☐ A performance and payment bond (if applicable).

Contract Administrator certifies that no changes have been made to the attached County standard contract.

Contract Administrator's Signature

22. Signature Route: 1. Department Head: [Signature] Date 4/25/13

RECEIVED 2. Purchasing Supervisor: [Signature] Date 4/25/13

APR 25 2013 3. County Counsel: [Signature] Date 5/1/13

WASHINGTON COUNTY PURCHASING DIVISION 4. County Administrator's Office: [Signature] Date 5-6-13

AGENDA**WASHINGTON COUNTY BOARD OF COMMISSIONERS****Agenda Category:** Consent – Health and Human Services**Agenda Title:** APPROVE CONTRACT AMENDMENT WITH CORIZON HEALTH, INC.**Presented by:** Rod Branyan, Director**SUMMARY**

On June 19, 2007, your Board awarded a contract with Corizon Health, Inc. (formerly Prison Health Services) to provide inmate health care services for the Washington County Jail (MO# 07-238). The original term of the contract was six years with an option to renew for one additional four-year term.

Staff and Corizon Health, Inc. have reached agreement on an amendment that would extend the contract for two additional years from July 1, 2013 through June 30, 2015, the first two years of the four year renewal term. At the expiration of this renewal period, the agreement may be extended for one additional two year term by mutual written agreement.

The Department requests your Board approve an amendment to the Corizon Health, Inc. contract adding \$7,792,738 to provide services from July 1, 2013 through June 30, 2015. The new contract total is \$31,371,497.

DEPARTMENT'S REQUESTED ACTION:

Approve an amendment to the Corizon Health, Inc. contract increasing the amount by \$7,792,738 and extending the expiration date to June 30, 2015.

COUNTY ADMINISTRATOR'S RECOMMENDATION:

I concur with the requested action.

APPROVED WASHINGTON COUNTY
BOARD OF COMMISSIONERS
MINUTE ORDER # 13-153
DATE 6-18-13
BY Barbara Hejmanek
CLERK OF THE BOARD

Agenda Item No.	<u>2.I.</u>
Date:	<u>06/18/13</u>

EIGHTH AMENDMENT TO THE PROFESSIONAL SERVICES CONTRACT

THIS EIGHTH AMENDMENT TO THE PROFESSIONAL SERVICES CONTRACT (hereinafter the "Amendment"), is made and entered into this 18th day of June 2013, by and between Corizon Health, Inc. (hereinafter "Corizon") and Washington County, a political subdivision of the State of Oregon (hereinafter the "County"). For purposes of this Amendment, the County and Corizon shall be referred to collectively as the "Parties."

WHEREAS, the County and Corizon entered into a Professional Services Contract on July 3, 2007, the original contract number being BCC 07-0799 (hereinafter the "Agreement"), by which Corizon assumed the responsibilities for the provision of certain healthcare services to be delivered to individuals in the custody and control of the County; and

WHEREAS, Parties have amended the Agreement from time to time including, most recently, the Seventh Amendment dated on or around April 8, 2013;

WHEREAS, Parties desire to amend the Agreement again in pertinent part to effectuate the following changes:

NOW, THEREFORE, in consideration of the mutual covenants contained herein, the receipt and sufficiency of which are hereby acknowledged, it is mutually agreed upon as follows:

1. In accordance with Section D of Attachment B to the Agreement, the term of the Agreement is hereby extended for two (2) additional years from July 1, 2013 through June 30, 2015, the first two (2) years of the four (4) year renewal term (hereinafter the "2013 Renewal Period"). At the expiration of the 2013 Renewal Period, the Agreement may be extended for one (1) additional two (2) year term by mutual written agreement of the Parties.
 - A. Specifically, on or around January 1, 2015, Corizon shall submit to the County a cost proposal for the second two (2) years of the four (4) year renewal term, which shall include base fee, per diem, and annual aggregate limit. The County may elect to accept Corizon's proposal, negotiate the terms, or initiate a competitive bid process. The County is under no obligation to contract with Corizon for the second two (2) years of the four (4) year renewal term.
2. For purposes of the 2013 Renewal Period, Contract Year 7 is defined as July 1, 2013 through June 30, 2014, and Contract Year 8 is defined as July 1, 2014 through June 30, 2015.
3. For purposes of the 2013 Renewal Period, Corizon and the County hereby replace Section 2 of the Agreement with the following:

Section 2 – Consideration

- 2.1 Contractor shall perform the services as described in the Agreement, as amended herein. County agrees to pay the services in accordance with Attachment B, as amended herein.
 - 2.2 The base contract amount for Contract Year 7 is \$3,826,158.89. The base contract amount for Contract Year 8 is \$3,966,578.92.
 - 2.3 Corizon shall invoice the County 1/12th of the base amount thirty (30) days before the month in which services are rendered. Unless otherwise stated in Attachment B, as amended herein, the payment terms are thirty (30) days after County's receipt of invoice.
4. For purposes of the 2013 Renewal Period, Corizon and the County hereby amend Attachment B in replacing the corresponding sections thereof as follows:
- A. PAYMENT – CONTRACT YEAR 7 – JULY 1, 2013 THROUGH JUNE 30, 2014**
1. County shall pay Corizon a base fee of \$318,846.57 per month. The amount is based on Corizon providing service for up to and including 600 inmates.
- B. PAYMENT – YEAR 8 – JULY 1, 2014 THROUGH JUNE 30, 2015**
1. County shall pay Corizon a base fee of \$330,548.24 per month. The amount is based on Corizon providing service for up to and including 600 inmates.
- E. PAYMENT –PER DIEM**
1. For Contract Year 7, Corizon shall be entitled to a per diem of \$0.93 for each inmate over 600, calculated over a calendar month.
 2. For Contract Year 8, Corizon shall be entitled to a per diem of \$0.97 for each inmate over 600, calculated over a calendar month.
 3. The daily population will be recorded each day at 10:00AM.
 4. The per diem is intended to cover additional costs in those instances where minor, short-term increases in the inmate population result in the higher utilization of routine supplies and services. However, the per diem is not intended to provide for any additional fixed costs, such as staffing positions, which might prove necessary if the inmate population changes significantly and if the population change is sustained. In such case, Corizon shall contact the County to discuss modifying staffing complement and adjusting its contract price in order to continue to provide services to the revised number of

inmates and maintain the quality of care. Any such change would require prior agreement by both parties.

G. ANNUAL AGGREGATE LIMITS FOR OFF-SITE & PHARMACY SERVICES

1. Corizon's financial responsibility for medical costs for all off-site and pharmacy services (hereinafter the "Annual Aggregate Limit") shall be limited to \$849,739.15 for Contract Year 7. The County shall be 100% responsible for all off-site and pharmacy costs greater than \$849,739.15 for Contract Year 7. Should the actual costs for off-site and pharmacy services be less than \$849,739.15 for Contract Year 7, Corizon will refund 100% of the amount below \$849,739.15 to the County.
2. Corizon's financial responsibility for the Annual Aggregate Limit shall be limited to \$880,924.57 for Contract Year 8. The County shall be 100% responsible for all off-site and pharmacy costs greater than \$880,924.57 for Contract Year 8. Should the actual costs for off-site and pharmacy services be less than \$880,924.57 for Contract Year 8, Corizon will refund 100% of the amount below \$880,924.57 to the County.
3. Off-site services costs are those involving inpatient hospitalization, emergency room visits, ambulance transportation expenses, outpatient surgeries, outpatient physician consultations, outside specialist fees, off-site diagnostic procedures and all dialysis treatments, both onsite and offsite. Components covered under pharmacy services costs include: O.T.C. medications, formulary and non-formulary medications, HIV medications, HCV medications, psychiatric medications, back-up pharmacy expenses, injections, vaccines (including Hepatitis B, flu, and rabies), and dispensing fees.
5. In all other respects, the terms and conditions of the Agreement, as amended and inclusive of Attachment B, shall continue unchanged and in full force and effect.

IN WITNESS WHEREOF, the Parties hereto have executed this Amendment (Eighth Amendment) in their official capacity and with legal authority to do so.

CORIZON HEALTH, INC.

By: Celia P. [Signature]

Title: SVP - Senior Vice President

J.B.

[Signature]
Witness

4/15/13
Date

WASHINGTON COUNTY, OREGON

By: Andy [Signature]

Title: Chairman Board of Commissioners

Barbara Heitmanek
Witness

6-18-13
Date

APPROVED WASHINGTON COUNTY

BOARD OF COMMISSIONERS

MINUTE ORDER # 13-153

DATE 6-18-13

BY Barbara Heitmanek
CLERK OF THE BOARD

APPROVED AS TO FORM
by LEGAL DEPT.
[Signature]



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
12/14/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER DENISE D. BARNES HEALTHCARE LIABILITY SOLUTIONS, INC. 820 GESSNER, SUITE 1825 HOUSTON, TX 77024 PH: 800-732-8619 FAX: 713-343-5025	CONTACT NAME: DEBBIE HOLSTINE PHONE (A/C, No, Ext): 713-343-5002 FAX (A/C, No): 713-343-5025 E-MAIL ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: LEXINGTON INSURANCE COMPANY</td> <td>19437</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: LEXINGTON INSURANCE COMPANY	19437	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: LEXINGTON INSURANCE COMPANY	19437														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED VALITAS HEALTH SERVICES, INC. CORIZON HEALTH, INC. 105 WESTPARK DRIVE, SUITE 200 BRENTWOOD, TN 37027															

COVERAGES
CERTIFICATE NUMBER:
REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			6797142	01/01/13	01/01/14	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000* MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$6,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 EMPLOYEE BENEFITS \$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			N/A	N/A	N/A	COMBINED SINGLE LIMIT (Ea accident) \$ N/A BODILY INJURY (Per person) \$ N/A BODILY INJURY (Per accident) \$ N/A PROPERTY DAMAGE (Per accident) \$ N/A
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DED <input type="checkbox"/> RETENTION \$			N/A	N/A	N/A	EACH OCCURRENCE \$ N/A AGGREGATE \$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under Y/N DESCRIPTION OF OPERATIONS below	N/A		N/A	N/A	N/A	WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ N/A E.L. DISEASE - EA EMPLOYEE \$ N/A E.L. DISEASE - POLICY LIMIT \$ N/A
A	PRIMARY MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE			6797138	01/01/13	01/01/14	SEE BELOW

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

*DAMAGE TO RENTED PREMISES LIMITS APPLIES PER PREMESIS. LIMITS INCLUDE ALL SELF-INSURED PORTIONS OF THE LIMITS OF LIABILITY \$1,000,000 PER LOSS EVENT PER CONTRACTOR INSURED/\$3,000,000 ANNUAL AGGREGATE PER CONTRACTOR INSURED \$1,000,000 PER LOSS EVENT CORPORATE LIMIT/\$10,000,000 ANNUAL AGGREGATE CORPORATE LIMIT \$35,000,000 POLICY AGGREGATE

THE CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED, BUT ONLY WITH RESPECT TO THE ACTS OF THE NAMED INSURED SHOWN ABOVE. COVERAGE IS LIMITED TO MEDICAL PROFESSIONAL SERVICES PROVIDED ON BEHALF OF THE INSURED SHOWN ABOVE.

CERTIFICATE HOLDER
CANCELLATION

 WASHINGTON COUNTY JAIL (#0150)
 215 S.W. ADAMS AVENUE, MS #33
 HILLSBORO, OR 97123

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2010/05)

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ENDORSEMENT NO.2

This endorsement, effective 12:01 AM: January 1, 2013

Forms a part of policy no.: 6797142

Issued to: VALITAS HEALTH SERVICES, INC.

By: LEXINGTON INSURANCE COMPANY

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided by the policy:

Section II. WHO IS AN INSURED of the HEALTHCARE GENERAL LIABILITY OCCURRENCE COVERAGE PART are amended by adding the following:

[The following are Insureds under this Coverage Part:]

Any person or organization to whom you are obligated by virtue of a written contract to provide indemnification or insurance as afforded by this Policy, but only with respect to liability arising out of operations conducted by you or on your behalf.

In the event that the Limits of Insurance provided by this Policy exceed the Limits of Insurance required by the written contract, the insurance provided by this endorsement shall be limited to the Limits of Insurance required by the written contract. This endorsement shall not increase the Limits of Insurance shown in the Declarations pertaining to the coverage provided herein.

Any coverage provided by this endorsement to an additional insured shall be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis, unless the written contract with additional insured specifically requires that this insurance be primary and non-contributory with any other insurance carried by the additional insured. In such case, this insurance shall be primary and non-contributory with any other insurance carried by the additional insured.

In the event of payment under the Policy, we waive our right of subrogation against a person or organization included as an insured on this endorsement where the Named Insured has waived liability of such person or organization as part of a written contractual agreement between the Named Insured and the organization entered into prior to the occurrence or offense.

In accordance with the terms and conditions of the policy and as more fully explained in the policy, as soon as practicable, each additional insured must give us prompt notice of any occurrence which may result in a claim, forward all legal papers to us, cooperate in the defense of any actions, and otherwise comply with all of the policy's terms and conditions. Failure to comply with this provision may, at our option, result in the claim or suit being denied.

All other terms, conditions and exclusions of the policy remain unchanged.

MNSCPT (01/13)



Authorized Representative
or countersignature (where required by law)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/31/2012

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PRODUCER Beecher Carlson Insurance Services
6 Cadillac Drive, Suite 320
Brentwood, TN 37027

CONTACT NAME:

PHONE (A/C No. Ext): 615-277-9840

FAX (A/C No): 615-277-9879

E-MAIL ADDRESS:

www.beechercarlson.com

INSURED
Corizon Health, Inc.
105 Westpark Drive, Suite 200
Brentwood TN 37027

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Hartford Fire Insurance Company

19682

INSURER B: Liberty Insurance Underwriters, Inc.

19917

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER: 15131772

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC						PRODUCTS - COM/POP AGG \$
A	AUTOMOBILE LIABILITY			20 UUN AP4855	1/1/2013	1/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
B	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/>			1000027207-06	1/1/2013	1/1/2014	EACH OCCURRENCE \$ 25,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 25,000,000
	DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS <input type="checkbox"/> QTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.I. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.I. DISEASE - EA EMPLOYEE \$
							E.I. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

Washington County Jail
215 SW Adams Avenue MS #33
Hillsboro OR 97123-3874

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

(NASH) Donna Bagley

ACORD 25 (2010/05)

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CERT NO.: 15131772 CLIENT CODE: 00125626 (NASH) Sarah Ivy 12/31/2012 9:24:24 AM Page 1 of 1



CERTIFICATE OF LIABILITY INSURANCE

1/1/2014

DATE (MM/DD/YYYY)
12/28/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER LOCKTON COMPANIES, LLC
5847 San Felipe, Suite 320
Houston TX 77057

CONTACT

NAME:

PHONE:

(A/C, No, Ext):

FAX:

(A/C, No):

E-MAIL:

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: New Hampshire Insurance Company

23841

INSURER B: Insurance Company of the State of PA

19429

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED Corizon Health, Inc.
1359399 105 Westpark Drive, Suite 200
Brentwood TN 37027

COVERAGES

CERTIFICATE NUMBER: 12121880

REVISION NUMBER: XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL RSK	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ XXXXXXXX
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						MED EXP (Any one person) \$ XXXXXXXX
							PERSONAL & ADV INJURY \$ XXXXXXXX
							GENERAL AGGREGATE \$ XXXXXXXX
							PRODUCTS - COMP/OP AGG \$ XXXXXXXX
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$
	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>						\$
	AUTOMOBILE LIABILITY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX
	ANY AUTO						BODILY INJURY (Per person) \$ XXXXXXXX
	ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/>						BODILY INJURY (Per accident) \$ XXXXXXXX
	HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>						PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
							\$
	UMBRELLA LIAB			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX
	EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>						AGGREGATE \$ XXXXXXXX
	DED <input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	Y	015684268 (AOS)	1/1/2013	1/1/2014	X WC STATUTORY LIMITS OTH-ER
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N	N/A	015684267 (CA)	1/1/2013	1/1/2014	E.L. EACH ACCIDENT \$ 1,000,000
B	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			015684266 (FL)	1/1/2013	1/1/2014	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
				069862871 (Stop Gap)	1/1/2013	1/1/2014	E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW.

CERTIFICATE HOLDER

CANCELLATION

12121880

Washington County Jail
215 SW Adams Avenue MS.#33
Hillsboro OR 97123-3874 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2010/05)

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